

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/890618 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/						51	/		
2		/					52	/		
3		/					53	/		
4	/						54	/		
5		/					55	/		
6		/					56	/		
7		/					57	/		
8		/					58	/		
9		/					59	/		
10		/					60	/		
11		/					61	/		
12		/					62	/		
13		/					63	/		
14		/					64	/		
15		/					65	/		
16		/					66			
17		/					67			
18		/					68			
19	/						69			
20	/						70			
21		/					71			
22		/					72			
23		/					73			
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33		/					83			
34		/					84			
35		/					85			
36	/						86			
37		/					87			
38		/	2				88			
39	/		2				89			
40		/					90			
41		/					91			
42		/					92			
43		/					93			
44		/					94			
45		/					95			
46		/					96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
TOTAL IND.			↓		↓		TOTAL IND.	5	↓	
TOTAL DEP.			↓		↓		TOTAL DEP.	60	↓	
TOTAL CLAIMS							TOTAL CLAIMS	65		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS